

NAME

RANK, RATE, OR GRADE AND SERIAL NUMBER

ROOM NUMBER

NAVCOMPT FORM- 2104 (5-63)

## REGISTRATION RECORD

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*(Signature of Guest)*

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*(Home address)*

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*(Organization and Station address)***FILL IN WHEN  
APPLICABLE**

DATE OF ARRIVAL

ESTIMATE LENGTH OF STAY

**(CHECK APPROPRIATE BOXES)**

ADVANCE PAYMENT

DATE OF DEPARTURE

ACTUAL LENGTH OF STAY

ON PER DIEM ORDERS

YES

MILITARY

NO

CIVILIAN

CHARGES

TOWELS FURNISHED (NO. )

KEY(S) FURNISHED (NO.)

RECEIVING BASIC  
ALLOWANCE QUARTERS

YES

PERMANENT

NO

T. A. D.

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